

O.D.

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF WORKERS CLAIMS
CLAIM NO(S). _____
BEFORE ALJ _____

PLAINTIFF

VS.

DEFENDANT(S)

STATEMENT OF PROPOSED STIPULATIONS
AND
NOTICE OF CONTESTED ISSUES

I. STIPULATIONS

1. Coverage under the Act.
2. The employer had due and timely notice of the employee's claim.
3. Employee's average weekly wage.
4. Employee's last date of exposure: _____
5. Employee's was last exposed to the hazards of the disease while employed by this employer.
6. Employee had _____ years of exposure.
7. Employee had _____ single or _____ multiple exposure.
8. Employee's date of birth: _____
9. Employee's educational level: _____
10. Employee's specialized or vocational training: _____
11. The following medical expenses are in dispute:

| Medical provider | Service | Date | Amount | Nature of Dispute |
|------------------|---------|------|--------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

12. Other matters: _____

II. CONTESTED ISSUES

The following issues are contested:

1. _____
2. _____
3. _____
4. _____
5. _____

PLEASE NOTE:

1. All matters not in controversy should be stipulated.
2. The issues listed above will be considered by the Administrative Law Judge.

This the _____ day of _____, 200__.

Attorney